

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____ Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101**Voluntary Petition for Individuals Filing for Bankruptcy**

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Natalia

First name

Esther

Middle name

Reese

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

Natalia

First name

Middle name

Almendarez

Last name

Natalia

First name

Middle name

Smith

Last name

Dark Fenix Enterprises Inc

Business name (if applicable)

Reese Property Paladin, LLC

Business name (if applicable)

First name

Middle name

Last name

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)xxx - xx - 8 6 8 3

OR

9xx - xx - _____

xxx - xx - _____

OR

9xx - xx - _____

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

About Debtor 1:**4. Your Employer Identification Number (EIN), if any.**

8 5 - 3 7 5 9 7 9 0
EIN

8 4 - 1 9 3 5 2 0 2
EIN

About Debtor 2 (Spouse Only in a Joint Case):

____ - _____ - _____ - _____
EIN

____ - _____ - _____ - _____
EIN

5. Where you live**Po Box 12108 - MC 068 ACP #VA230382**

Number Street

Austin, TX 78711-2108

City State ZIP Code

Travis

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing *this district* to file for bankruptcy**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. **How you will pay the fee**

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** No.

Yes. District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** No.

Yes. Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY

11. **Do you rent your residence?** No. Go to line 12. Yes. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a *small business debtor* or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a *small business debtor* or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a *small business debtor* according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11, I am a *small business debtor* according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
 Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1

Natalia	Esther	Reese
First Name	Middle Name	Last Name

Case number (*if known*) _____

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No

Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Number Street

Debtor 1

Natalia	Esther	Reese
First Name	Middle Name	Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.

You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.

You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Natalia	Esther	Reese
First Name	Middle Name	Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
	<input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.
16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.	<input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
16c. State the type of debts you owe that are not consumer debts or business debts.	_____
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
18. How many creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,000-100,000 <input type="checkbox"/> More than 100,000 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 100-199 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 200-999
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$1,000,000,001-\$10 billion <input checked="" type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> \$500,001-\$1 million <input type="checkbox"/> \$100,000,001-\$500 million <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$1,000,000,001-\$10 billion <input checked="" type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> \$500,001-\$1 million <input type="checkbox"/> \$100,000,001-\$500 million <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Natalia Esther Reese

Natalia Esther Reese, Debtor 1

Executed on 06/26/2023
MM/ DD/ YYYY

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Susan Tran Adams

Signature of Attorney for Debtor

Date 06/26/2023

MM / DD / YYYY

Susan Tran Adams

Printed name

TRAN SINGH, LLP

Firm name

2502 La Branch St.

Number Street

Houston

City

TXState 77004 ZIP CodeContact phone (832) 975-7300Email address stran@ts-llp.com24075648

Bar number

TX

State

Fill in this information to identify your case and this filing:

Debtor 1	Natalia First Name	Esther Middle Name	Reese Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern		District of Texas	
Case number _____			

Check if this is an
amended filing

Official Form 106A/B**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.

Yes. Where is the property?

1.1 _____
Street address, if available, or other
description

City _____ State _____ ZIP Code _____
County _____

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put
the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the
entire property?**

**Current value of the
portion you own?**

**Describe the nature of your ownership interest
(such as fee simple, tenancy by the entireties, or
a life estate), if known.**

**Check if this is community property
(see instructions)**

**Other information you wish to add about this item, such as local
property identification number:** _____

**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages
you have attached for Part 1. Write that number here →**

\$0.00

Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles
you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.**

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

Debtor Reese, Natalia Esther

Case number (if known) _____

3.1 Make: <u>Chevrolet</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>Trailblazer</u>	<input checked="" type="checkbox"/> Debtor 1 only	Current value of the entire property? <u>\$2,425.00</u>	Current value of the portion you own? <u>\$2,425.00</u>
Year: <u>2003</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:	<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this is community property (see instructions)			

If you own or have more than one, describe here:

3.2 Make: <u>Honda</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>CR-V</u>	<input checked="" type="checkbox"/> Debtor 1 only	Current value of the entire property? <u>\$34,399.00</u>	Current value of the portion you own? <u>\$34,399.00</u>
Year: <u>2023</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:	<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this is community property (see instructions)			

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

 No Yes

4.1 Make: _____	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: _____	<input type="checkbox"/> Debtor 1 only	Current value of the entire property? _____	Current value of the portion you own? _____
Year: _____	<input type="checkbox"/> Debtor 2 only		
Other information:	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
<input type="checkbox"/> Check if this is community property (see instructions)			

5. **Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** →\$36,824.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.

See Attached.

\$270.00

Debtor Reese, Natalia Esther

Case number (if known) _____

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.

See Attached.

\$1,550.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.

Keyboard

\$100.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.

See Attached.

\$480.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.

See Attached.

\$560.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.

Debtor Reese, Natalia Esther

Case number (if known) _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here → \$2,960.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes Cash:

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes Institution name:

17.1. Checking account:	<u>JPMorgan Chase Bank x7617</u>	<u>\$377.65</u>
17.2. Checking account:	<u>Navy Federal Credit Union x2160</u>	<u>\$1.73</u>
17.3. Savings account:	<u>Navy Federal Credit Union x8877</u>	<u>\$0.13</u>

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes Institution or issuer name:

_____	_____
_____	_____
_____	_____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity: % of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Debtor Reese, Natalia Esther

Case number (if known) _____

20. **Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them.....

Issuer name:

21. **Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately. Type of account: _____ Institution name: _____401(k) or similar plan: Mutual of America \$7,484.9322. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes

Institution name or individual:

Electric:	_____	_____
Gas:	_____	_____
Heating oil:	_____	_____
Security deposit on rental unit:	_____	_____
Prepaid rent:	_____	_____
Telephone:	_____	_____
Water:	_____	_____
Rented furniture:	_____	_____
Other:	_____	_____

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes

Issuer name and description:

Debtor Reese, Natalia Esther

Case number (if known) _____

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them.26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them.27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them.**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: _____

State: _____

Local: _____

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.

See Attached.

Alimony:	\$122,617.43
Maintenance:	_____
Support:	\$8,166.79
Divorce settlement:	_____
Property settlement:	_____

Debtor Reese, Natalia Esther

Case number (if known) _____

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.

--	--

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

_____	_____	_____
_____	_____	_____
_____	_____	_____

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.

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33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.

--	--

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.

--	--

35. **Any financial assets you did not already list** No Yes. Give specific information.

--	--

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$138,648.66

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Debtor Reese, Natalia Esther

Case number (if known) _____

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

38. **Accounts receivable or commissions you already earned** No Yes. Describe.
39. **Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe.
40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade** No Yes. Describe.
41. **Inventory** No Yes. Describe.
42. **Interests in partnerships or joint ventures** No Yes. Describe.

Name of entity:

% of ownership:

43. **Customer lists, mailing lists, or other compilations** No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.

Debtor Reese, Natalia Esther

Case number (if known) _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here → \$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here → \$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$0.00

56. Part 2: Total vehicles, line 5 \$36,824.00

57. Part 3: Total personal and household items, line 15 \$2,960.00

58. Part 4: Total financial assets, line 36 \$138,648.66

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61. \$178,432.66 Copy personal property total → + \$178,432.66

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$178,432.66

Debtor Reese, Natalia Esther

Case number (if known) _____

Continuation Page

6.	Household goods and furnishings	
	<u>Bathroom items</u>	<u>\$15.00</u>
	<u>Dishware</u>	<u>\$30.00</u>
	<u>Flatware & utensils</u>	<u>\$10.00</u>
	<u>Linens</u>	<u>\$15.00</u>
	<u>Small appliances (4)</u>	<u>\$200.00</u>
7.	Electronics	
	<u>Cell phones (4)</u>	<u>\$600.00</u>
	<u>Computer/ laptop</u>	<u>\$200.00</u>
	<u>Gaming console</u>	<u>\$400.00</u>
	<u>Printer</u>	<u>\$50.00</u>
	<u>Tablet & accessories</u>	<u>\$100.00</u>
	<u>Television</u>	<u>\$150.00</u>
	<u>Video doorbell</u>	<u>\$50.00</u>
11.	Clothes	
	<u>Clothing accessories</u>	<u>\$50.00</u>
	<u>Everyday clothes</u>	<u>\$150.00</u>
	<u>Eyewear</u>	<u>\$80.00</u>
	<u>Purses (2)</u>	<u>\$50.00</u>
	<u>Shoes</u>	<u>\$150.00</u>
12.	Jewelry	
	<u>Bracelets</u>	<u>\$10.00</u>
	<u>Earrings</u>	<u>\$50.00</u>
	<u>Ring</u>	<u>\$500.00</u>
29.	Family support	
	Alimony: <u>Alimony (Marvin Almendarez-Vilorio)</u>	<u>\$122,617.43</u>
	Support: <u>Child support (Marcell Reese)</u>	<u>\$968.52</u>
	Support: <u>Child support (Marvin Almendarez-Vilorio)</u>	<u>\$6,769.32</u>
	Support: <u>Medical support (Marvin Almendarez-Vilorio)</u>	<u>\$428.95</u>

Fill in this information to identify your case:

Debtor 1	Natalia	Esther	Reese
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

1. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description: 2003 Chevrolet Trailblazer	\$2,425.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)(Allocated: \$0.00)
Line from Schedule A/B: 3.1			_____
Brief description: 2023 Honda CR-V	\$34,399.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)(Allocated: \$0.00)
Line from Schedule A/B: 3.2			_____

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Debtor 1

Natalia
First NameEsther
Middle NameReese
Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Small appliances (4)</u>	\$200.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$200.00) _____
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Dishware</u>	\$30.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$30.00) _____
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Flatware & utensils</u>	\$10.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$10.00) _____
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Bathroom items</u>	\$15.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$15.00) _____
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Linens</u>	\$15.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$15.00) _____
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Cell phones (4)</u>	\$600.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$600.00) _____
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Tablet & accessories</u>	\$100.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$100.00) _____
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Television</u>	\$150.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$150.00) _____
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Gaming console</u>	\$400.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$400.00) _____
Line from Schedule A/B: <u>7</u>			

Debtor 1

Natalia
First NameEsther
Middle NameReese
Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Computer/ laptop</u>	\$200.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$200.00) _____
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Printer</u>	\$50.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$50.00) _____
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Video doorbell</u>	\$50.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$50.00) _____
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Keyboard</u>	\$100.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$100.00) _____
Line from Schedule A/B: <u>8</u>			
Brief description: <u>Everyday clothes</u>	\$150.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$150.00) _____
Line from Schedule A/B: <u>11</u>			
Brief description: <u>Clothing accessories</u>	\$50.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$50.00) _____
Line from Schedule A/B: <u>11</u>			
Brief description: <u>Shoes</u>	\$150.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$150.00) _____
Line from Schedule A/B: <u>11</u>			
Brief description: <u>Purses (2)</u>	\$50.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$50.00) _____
Line from Schedule A/B: <u>11</u>			
Brief description: <u>Eyewear</u>	\$80.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)(Allocated: \$80.00) _____
Line from Schedule A/B: <u>11</u>			

Debtor 1

Natalia
First NameEsther
Middle NameReese
Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Ring	\$500.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)(Allocated: \$500.00) _____
Line from Schedule A/B: 12			
Brief description: Earrings	\$50.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)(Allocated: \$50.00) _____
Line from Schedule A/B: 12			
Brief description: Bracelets	\$10.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)(Allocated: \$10.00) _____
Line from Schedule A/B: 12			
Brief description: JPMorgan Chase Bank x7617 Checking account	\$377.65	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)(Allocated: \$377.65) _____
Line from Schedule A/B: 17			
Brief description: Navy Federal Credit Union x2160 Checking account	\$1.73	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)(Allocated: \$1.73) _____
Line from Schedule A/B: 17			
Brief description: Navy Federal Credit Union x8877 Savings account	\$0.13	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)(Allocated: \$0.13) _____
Line from Schedule A/B: 17			
Brief description: Mutual of America	\$7,484.93	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)(Allocated: \$7,484.93) _____
Line from Schedule A/B: 21			
Brief description: Child support (Marcell Reese) Support	\$968.52	<input checked="" type="checkbox"/> \$968.52 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(D) _____
Line from Schedule A/B: 29			

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Alimony (Marvin Almendarez-Vilorio) Alimony	\$122,617.43	<input checked="" type="checkbox"/> \$122,617.43 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(D)
Line from Schedule A/B: <u>29</u>			
Brief description: Child support (Marvin Almendarez-Vilorio) Support	\$6,769.32	<input checked="" type="checkbox"/> \$6,769.32 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(D)
Line from Schedule A/B: <u>29</u>			
Brief description: Medical support (Marvin Almendarez-Vilorio) Support	\$428.95	<input checked="" type="checkbox"/> \$428.95 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(D)
Line from Schedule A/B: <u>29</u>			

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

IN RE: **Reese, Natalia Esther**

CASE NO

CHAPTER **Chapter 7**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: Federal

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real Estate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	Motor vehicle	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	Watercraft, trailers, motors homes, and accessories	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$270.00	\$0.00	\$270.00	\$270.00	\$0.00
7.	Electronics	\$1,550.00	\$0.00	\$1,550.00	\$1,550.00	\$0.00
8.	Collectibles of value	\$100.00	\$0.00	\$100.00	\$100.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$480.00	\$0.00	\$480.00	\$480.00	\$0.00
12.	Jewelry	\$560.00	\$0.00	\$560.00	\$560.00	\$0.00
13.	Nonfarm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Deposits of money	\$379.51	\$0.00	\$379.51	\$379.51	\$0.00
18.	Bonds, mutual funds, or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Business Interests, LLC's, Partnerships, Joint Ventures and Nonpublicly traded stock	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Bonds and other financial instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$7,484.93	\$0.00	\$7,484.93	\$7,484.93	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interest in a qualified education fund, such as an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equitable or future interests in property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Copyrights, trademarks, websites and other intellectual property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, Franchises, and other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29.	Family support	\$130,784.22	\$0.00	\$130,784.22	\$130,784.22	\$0.00
30.	Other amounts owed to the debtor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Interest in property from deceased	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims against third parties	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

IN RE: **Reese, Natalia Esther**

CASE NO

CHAPTER **Chapter7****SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)***Continuation Sheet #1***Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **Federal**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
34.	All other claims, includes contingent/unliquidated claims, counter claims, and creditor set offs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Other financial asset	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts receivable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Machinery, fixtures and equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer lists	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Other businessrelated property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Crops	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Other farm or fishing related property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS:		\$141,608.66	\$0.00	\$141,608.66	\$141,608.66	\$0.00

UNITED STATES BANKRUPTCY COURT
 SOUTHERN DISTRICT OF TEXAS
 HOUSTON DIVISION

IN RE: Reese, Natalia Esther

CASE NO

CHAPTER Chapter7

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #2

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder

Property Description	Market Value	Lien	Equity
<u>Real Property</u> (None)			
<u>Personal Property</u> (None)			
TOTALS:	\$0.00	\$0.00	\$0.00

Non-exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
<u>Real Property</u> (None)				
<u>Personal Property</u> (None)				
TOTALS:	\$141,608.66	\$0.00	\$141,608.66	\$0.00

Summary	
A. Gross Property Value (not including surrendered property)	\$141,608.66
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$141,608.66
D. Gross Amount of Encumbrances (not including surrendered property)	\$0.00
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$0.00
G. Total Equity (not including surrendered property) / (A-D)	\$141,608.66
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$141,608.66
J. Total Exemptions Claimed (Wild Card Used: \$379.51, Available: \$15,045.49)	\$141,608.66
K. Total Non-Exempt Property Remaining (G-J)	\$0.00

Fill in this information to identify your case:

Debtor 1	Natalia	Esther	Reese
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion if any

2.1	Keating Honda Creditor's Name 311 Interstate 45 South Number Street Conroe, TX 77301-3486 City State ZIP Code	Describe the property that secures the claim: 2023 Honda CR-V	\$43,344.33	\$34,399.00	\$8,945.33
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)</p>					
Last 4 digits of account number _____					
Add the dollar value of your entries in Column A on this page. Write that number here:			\$43,344.33		

Debtor 1

Natalia Esther Reese
 First Name Middle Name Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion if any
Do not deduct the value of collateral.		

2.2	Navy FCU		Describe the property that secures the claim:	\$6,012.00	\$2,425.00	\$3,587.00	
	Creditor's Name Attn: Bankruptcy PO Box 3000 Number Street Merrifield, VA 22119-3000 City State ZIP Code		2003 Chevrolet Trailblazer				
Who owes the debt? Check one.		As of the date you file, the claim is: Check all that apply.					
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed			
<input type="checkbox"/> Debtor 2 only		Nature of lien. Check all that apply.					
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)	<input type="checkbox"/> Judgment lien from a lawsuit			
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Other (including a right to offset)					
<input type="checkbox"/> Check if this claim relates to a community debt							
Date debt was incurred 11/1/2021		Last 4 digits of account number <u>4</u> <u>1</u> <u>3</u> <u>6</u>					
Remarks: Cross-collateralized debt							
2.3	Navy FCU		Describe the property that secures the claim:	\$2,895.00	\$2,425.00	\$470.00	
	Creditor's Name Attn: Bankruptcy PO Box 3000 Number Street Merrifield, VA 22119-3000 City State ZIP Code		2003 Chevrolet Trailblazer				
Who owes the debt? Check one.		As of the date you file, the claim is: Check all that apply.					
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed			
<input type="checkbox"/> Debtor 2 only		Nature of lien. Check all that apply.					
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)	<input type="checkbox"/> Judgment lien from a lawsuit			
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Other (including a right to offset)					
<input type="checkbox"/> Check if this claim relates to a community debt							
Date debt was incurred 4/1/2019		Last 4 digits of account number <u>8</u> <u>8</u> <u>3</u> <u>3</u>					
Add the dollar value of your entries in Column A on this page. Write that number here:						\$8,907.00	

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion if any
Do not deduct the value of collateral.		

2.4	<u>Navy FCU</u> Creditor's Name <u>Attn: Bankruptcy</u> <u>PO Box 3000</u> Number Street <u>Merrifield, VA 22119-3000</u> City State ZIP Code	Describe the property that secures the claim: 2003 Chevrolet Trailblazer	\$887.00	\$2,425.00	\$0.00
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Nature of lien. Check all that apply.					
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)					
Date debt was incurred <u>4/1/2018</u>					
Last 4 digits of account number <u>0 0 2 7</u>					
Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$887.00</u>					
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: <u>\$53,138.33</u>					

Fill in this information to identify your case:

Debtor 1	Natalia	Esther	Reese
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims.

If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1 Internal Revenue Service
Priority Creditor's Name
Po Box 7317
Number Street
Philadelphia, PA 19101-7317
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

Total claim	Priority amount	Nonpriority amount
<u>\$4,811.55</u>	<u>\$4,811.55</u>	<u>\$0.00</u>

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

AcceptanceNOW

Nonpriority Creditor's Name

Attn: Bankruptcy5501 Headquarters Drive

Number Street

Plano, TX 75024

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 1868**Total claim** \$0.00When was the debt incurred? 04/01/2017

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
RentalAgreement

4.2

Advance Auto Parts

Nonpriority Creditor's Name

c/o AAP Financial ServicesP.O. Box 742063

Number Street

Atlanta, GA 30374-2063

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

Total claim \$417.82

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Other

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.3	Advia Credit Union Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>550 South Riverview Dr</u> Number Street <u>Parchmen, MI 49004</u> City State ZIP Code			Last 4 digits of account number <u>0001</u>	\$0.00
			When was the debt incurred? <u>04/01/2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Line of Credit</u>		
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.4	Amazon Nonpriority Creditor's Name <u>P.O. Box 965055</u> Number Street <u>Orlando, FL 32896-5055</u> City State ZIP Code			Last 4 digits of account number <u>4626</u>	\$105,589.98
			When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Line of Credit</u>		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.5	<u>Austin Capital Bank</u> Nonpriority Creditor's Name <u>Attn: Bankruptcy Dept</u> <u>8100 Shoal Creek Blvd Ste 100</u> Number Street <u>Austin, TX 78757</u> City State ZIP Code			Last 4 digits of account number <u>3313</u> When was the debt incurred? <u>03/01/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Other</u>	<u>\$0.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.6	<u>Avery Gilmer</u> Nonpriority Creditor's Name <u>64 E Broadway Rd Ste 200</u> Number Street <u>Tempe, AZ 85282</u> City State ZIP Code			Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Other</u>	<u>\$13,904.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1

Natalia	Esther	Reese
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.7	<p>Bank of America Nonpriority Creditor's Name 4909 Savarese Circle FL1-908-01-50 Number Street Tampa, FL 33634 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			Last 4 digits of account number <u>6627</u>	<u>\$0.00</u>
			When was the debt incurred? <u>01/17/2016</u>		
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p>					
4.8	<p>Barclays Bank Delaware Nonpriority Creditor's Name PO Box 8802 Number Street Wilmington, DE 19899 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			Last 4 digits of account number <u>2168</u>	<u>\$0.00</u>
			When was the debt incurred? <u>03/13/2018</u>		
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p>					

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.9	Barclays Bank Delaware Nonpriority Creditor's Name <u>PO Box 8802</u> Number Street <u>Wilmington, DE 19899</u> City State ZIP Code			Last 4 digits of account number <u>0831</u>	<u>\$0.00</u>
			When was the debt incurred? <u>07/24/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.10	BBVA Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>PO Box 10566</u> Number Street <u>Birmingham, AL 35296</u> City State ZIP Code			Last 4 digits of account number <u>5825</u>	<u>\$0.00</u>
			When was the debt incurred? <u>03/26/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.11 BBVA
 Nonpriority Creditor's Name
Attn: Bankruptcy
PO Box 10566
 Number Street
Birmingham, AL 35296
 City State ZIP Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 6681\$0.00When was the debt incurred? 08/11/2013

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
CreditCard

4.12 Best Buy
 Nonpriority Creditor's Name
PO Box 25993
 Number Street
Overland Park, KS 66225-9700
 City State ZIP Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 4975\$9,579.20

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Line of Credit

Debtor 1

Natalia	Esther	Reese
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13	Boompay	Last 4 digits of account number <u>2019</u>	<u>\$0.00</u>
Nonpriority Creditor's Name		When was the debt incurred? <u>06/15/2019</u>	
<u>14241 Ne Woodinville-duvall Rd</u>		As of the date you file, the claim is: Check all that apply.	
Number Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>Woodinville, WA 98072</u>		Type of NONPRIORITY unsecured claim:	
City State ZIP Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>RentalAgreement</u>	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.14	Boompay	Last 4 digits of account number <u>3UN7</u>	<u>\$0.00</u>
Nonpriority Creditor's Name		When was the debt incurred? <u>06/01/2019</u>	
<u>14241 Ne Woodinville-duvall Rd</u>		As of the date you file, the claim is: Check all that apply.	
Number Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>Woodinville, WA 98072</u>		Type of NONPRIORITY unsecured claim:	
City State ZIP Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>RentalAgreement</u>	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.15	Bridge Lending Solutions Nonpriority Creditor's Name <u>PO Box 481</u> Number Street <u>Lac Du Flambeau, WI 54538</u> City State ZIP Code	Last 4 digits of account number _____	\$1,038.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	
4.16	Capital One Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>PO Box 30285</u> Number Street <u>Salt Lake City, UT 84130-0285</u> City State ZIP Code	Last 4 digits of account number <u>0233</u>	\$451.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		When was the debt incurred? <u>05/01/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.17	<p>Capital One Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285 Number Street Salt Lake City, UT 84130-0285 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6805</u></p> <p>When was the debt incurred? <u>10/15/2007</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p>	<u>\$0.00</u>
4.18	<p>Capital One Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285 Number Street Salt Lake City, UT 84130-0285 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8139</u></p> <p>When was the debt incurred? <u>10/01/2010</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p>	<u>\$0.00</u>

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.19	Capital One Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>PO Box 30285</u> Number Street <u>Salt Lake City, UT 84130-0285</u> City State ZIP Code	Last 4 digits of account number <u>2139</u> When was the debt incurred? <u>07/19/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$0.00
4.20	Capital One NA Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>PO Box 30285</u> Number Street <u>Salt Lake City, UT 84130-0287</u> City State ZIP Code	Last 4 digits of account number <u>9478</u> When was the debt incurred? <u>12/24/2008</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$0.00

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.21	<p>Citibank Nonpriority Creditor's Name <u>Citicorp Credit Svrs/Centralized Bk dept</u> <u>PO Box 790034</u> Number Street <u>St Louis, MO 63179</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5431</u></p> <p>When was the debt incurred? <u>09/01/1998</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p>	\$0.00
4.22	<p>Citibank Sears Nonpriority Creditor's Name <u>Citicorp Cr Svrs/Centralized Bankruptcy</u> <u>PO Box 790040</u> Number Street <u>St Louis, MO 63179-0040</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1859</u></p> <p>When was the debt incurred? <u>11/10/2005</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p>	\$0.00

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.23	<p><u>Citibank/Best Buy</u> Nonpriority Creditor's Name <u>Citicorp Credit Svrs/Centralized Bk dept</u> <u>PO Box 790034</u> Number Street <u>St Louis, MO 63179</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8302</u></p> <p>When was the debt incurred? <u>04/21/2005</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify ChargeAccount</p>	<u>\$0.00</u>
4.24	<p><u>Citibank/Best Buy</u> Nonpriority Creditor's Name <u>Citicorp Credit Svrs/Centralized Bk dept</u> <u>PO Box 790034</u> Number Street <u>St Louis, MO 63179</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8063</u></p> <p>When was the debt incurred? <u>02/11/2016</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify ChargeAccount</p>	<u>\$0.00</u>

Debtor 1

Natalia	Esther	Reese
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.25	City Ambulance Service Nonpriority Creditor's Name Po Box 691067 Number Street Houston, TX 77269-1067 City State ZIP Code	Last 4 digits of account number _____	\$1,158.47
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
4.26	Conn's HomePlus Nonpriority Creditor's Name 2445 Technology Forest Boulevard Building 4, Suite 800 Number Street The Woodlands, TX 77381 City State ZIP Code	Last 4 digits of account number <u>4670</u>	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		When was the debt incurred? <u>07/01/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.27	<p>Consumer Credit Union Nonpriority Creditor's Name Attn: Bankruptcy PO Box 525 Number Street Oshtemo, MI 49077-0525 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7761</u></p> <p>When was the debt incurred? <u>03/01/2015</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured</p>	\$0.00
4.28	<p>Consumer Credit Union Nonpriority Creditor's Name Attn: Bankruptcy PO Box 525 Number Street Oshtemo, MI 49077-0525 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7773</u></p> <p>When was the debt incurred? <u>07/01/2014</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured</p>	\$0.00

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.29	<p>Continental Finance Co Nonpriority Creditor's Name Attn: Bankruptcy Attn: Bankruptcy 4550 Linden Hill Rd , Ste 4 Number Street Wilmington, DE 19808-2952 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8684</u></p> <p>When was the debt incurred? <u>03/01/2022</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p>	\$0.00
4.30	<p>Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 98873 Number Street Las Vegas, NV 89193 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1620</u></p> <p>When was the debt incurred? <u>02/01/2020</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p>	\$0.00

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.31	<p>CreditFresh Nonpriority Creditor's Name Attn: Bankruptcy Dept 200 Continental Drive Suite 401 Number Street Newark, DE 19713 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>9701</u></p> <p>When was the debt incurred? <u>12/10/2021</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CheckCreditOrLineOfCredit</p>	\$1,367.00
4.32	<p>Discover Financial Nonpriority Creditor's Name Attn: Bankruptcy PO Box 3025 Number Street New Albany, OH 43054 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4370</u></p> <p>When was the debt incurred? <u>07/23/2017</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p>	\$0.00

Debtor 1

Natalia
First NameEsther
Middle NameReese
Last Name

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.33	Elastic Line of Credit Nonpriority Creditor's Name PO Box 950276 Number Street Louisville, KY 40295 City State ZIP Code			Last 4 digits of account number _____	\$1,383.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill					
4.34	Family Diagnostic Clinic Nonpriority Creditor's Name 27721 Tomball Pkwy Ste 200 Number Street Tomball, TX 77375-6579 City State ZIP Code			Last 4 digits of account number _____	\$25.26
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill					

Debtor 1

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First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.35	<p>First Premier Bank Nonpriority Creditor's Name Attn: Bankruptcy PO Box 5524 Number Street Sioux Falls, SD 57117-5524 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5102</u></p> <p>When was the debt incurred? <u>09/01/2019</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p>	\$783.00
4.36	<p>FLEX FINANCE Nonpriority Creditor's Name Attn: Bankruptcy 246 5th Avenue 4th Fl Number Street New York, NY 10001 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>K2M2</u></p> <p>When was the debt incurred? <u>06/23/2022</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CheckCreditOrLineOfCredit</p>	\$0.00

Debtor 1

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First Name	Middle Name	Last Name

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.37	Genesis FS Card Services Nonpriority Creditor's Name Attn: Bankruptcy PO Box 4477 Number Street Beaverton, OR 97076-4477 City State ZIP Code	Last 4 digits of account number <u>6811</u> When was the debt incurred? <u>08/01/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$199.00
4.38	Home Depot Credit Services Nonpriority Creditor's Name P.O. Box 790345 Number Street Saint Louis, MO 63179 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$3,981.26

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.39	Jackson Cu Nonpriority Creditor's Name Number Street City State ZIP Code			Last 4 digits of account number <u>6253</u>	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			When was the debt incurred? <u>03/01/2002</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard		
4.40	KALSEE Credit Union Nonpriority Creditor's Name PO Box 3006 Number Street Kalamazoo, MI 49003 City State ZIP Code			Last 4 digits of account number <u>8000</u>	\$10,361.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			When was the debt incurred? <u>01/01/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured		

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.41	KALSEE Credit Union Nonpriority Creditor's Name PO Box 3006 Number Street Kalamazoo, MI 49003 City State ZIP Code	Last 4 digits of account number <u>2000</u> When was the debt incurred? <u>12/01/2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>
4.42	Kohls/Capital One Nonpriority Creditor's Name Attn: Credit Administrator PO Box 3043 Number Street Milwaukee, WI 53201-3043 City State ZIP Code	Last 4 digits of account number <u>9105</u> When was the debt incurred? <u>09/01/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify ChargeAccount	<u>\$395.00</u>

Debtor 1

Natalia
First NameEsther
Middle NameReese
Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.43	Macys/fdsb Nonpriority Creditor's Name Attn: Bankruptcy 9111 Duke Boulevard Number Street Mason, OH 45040 City State ZIP Code	Last 4 digits of account number <u>6490</u> When was the debt incurred? <u>12/01/2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify ChargeAccount	<u>\$0.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.44	Memorial Hermann Nonpriority Creditor's Name PO Box Box 735208 Number Street Dallas, TX 75373-5208 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	<u>\$217.87</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.45	Memorial Hermann Nonpriority Creditor's Name <u>909 Frostwood Dr. Ste 3:100</u> Number Street <u>Houston, TX 77024</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$370.75
4.46	Navy FCU Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>PO Box 3000</u> Number Street <u>Merrifield, VA 22119-3000</u> City State ZIP Code	Last 4 digits of account number <u>4639</u> When was the debt incurred? <u>05/01/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$0.00

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.47	<p>Navy FCU Nonpriority Creditor's Name Attn: Bankruptcy PO Box 3000 Number Street Merrifield, VA 22119-3000 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7012</u></p> <p>When was the debt incurred? <u>03/01/2022</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p>	\$0.00
4.48	<p>Navy FCU Nonpriority Creditor's Name Attn: Bankruptcy PO Box 3000 Number Street Merrifield, VA 22119-3000 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3625</u></p> <p>When was the debt incurred? <u>02/01/2022</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p>	\$0.00

Debtor 1

Natalia
First NameEsther
Middle NameReese
Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.49	Navy FCU Nonpriority Creditor's Name Attn: Bankruptcy PO Box 3000 Number Street Merrifield, VA 22119-3000 City State ZIP Code			Last 4 digits of account number <u>9052</u>	\$0.00
				When was the debt incurred? <u>01/04/2022</u>	
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.50	Office Depot Nonpriority Creditor's Name PO Box 6403 Number Street Sioux Falls, SD 57117-6403 City State ZIP Code			Last 4 digits of account number <u>2654</u>	\$3,918.26
				When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.51	Opploans/feb Nonpriority Creditor's Name Attn: Bankruptcy Dept 130 East Randolph Street Suite 3400 Number Street Chicago, IL 60601 City State ZIP Code	Last 4 digits of account number <u>6968</u> When was the debt incurred? <u>01/01/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured	<u>\$2,107.00</u>
4.52	Opploans/feb Nonpriority Creditor's Name Attn: Bankruptcy Dept 130 East Randolph Street Suite 3400 Number Street Chicago, IL 60601 City State ZIP Code	Last 4 digits of account number <u>3072</u> When was the debt incurred? <u>08/01/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured	<u>\$0.00</u>

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.53	RK Properties Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>3737 East Broadway</u> Number Street <u>Long Beach, CA 90803</u> City State ZIP Code	Last 4 digits of account number <u>3049</u> When was the debt incurred? <u>06/15/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>RentalAgreement</u>	<u>\$0.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.54	Sam's Club/Synchrony Bank Nonpriority Creditor's Name <u>P.O. Box 530981</u> Number Street <u>Atlanta, GA 30353-0981</u> City State ZIP Code	Last 4 digits of account number <u>1991</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<u>\$3,160.62</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.55	<p>Security Finance Nonpriority Creditor's Name Attn: Bankruptcy PO Box 1893 Number Street Spartanburg, SC 29304 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0172</u></p> <p>When was the debt incurred? <u>12/14/2021</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured</p>	\$0.00
4.56	<p>Serena Group Professional Services Nonpriority Creditor's Name PO Box Box 761 Number Street Carnege, PA 15106-0791 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>	\$88.74

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.57	<p>Syncb/Toys R Us Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Number Street Orlando, FL 32896-5060 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8329</u></p> <p>When was the debt incurred? <u>05/09/2014</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify ChargeAccount</p>	\$0.00
4.58	<p>Synchrony Bank/Care Credit Nonpriority Creditor's Name Attn: Bankruptcy Dept PO Box 965064 Number Street Orlando, FL 32896-5060 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1366</u></p> <p>When was the debt incurred? <u>01/14/2014</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify ChargeAccount</p>	\$0.00

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.59	<p>Synchrony Bank/Sams Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Number Street Orlando, FL 32896-5060 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3287</u></p> <p>When was the debt incurred? <u>11/01/2009</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify ChargeAccount</p>	<u>\$0.00</u>
4.60	<p>Synchrony Bank/Sams Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Number Street Orlando, FL 32896-5060 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6755</u></p> <p>When was the debt incurred? <u>08/01/2001</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify UnknownLoanType</p>	<u>\$0.00</u>

Debtor 1

Natalia	Esther	Reese
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.61	Telecom Self-reported Nonpriority Creditor's Name Po Box 4500 Number Street Allen, TX 75013 City State ZIP Code	Last 4 digits of account number <u>0EAC</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify UnknownLoanType	\$172.00
4.62	The Bowen Law Firm, PLLC Nonpriority Creditor's Name 13103 FM 1960 West Suite216 Number Street Houston, TX 77065 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Attorneys' fees	\$7,384.12

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.63	Tractor Supply Co Nonpriority Creditor's Name <u>PO Box 790439</u> Number Street <u>Saint Louis, MO 63179</u> City State ZIP Code	Last 4 digits of account number <u>7039</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$798.24
4.64	US Bank/RMS Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>PO Box 5229</u> Number Street <u>Cincinnati, OH 45201-5229</u> City State ZIP Code	Last 4 digits of account number <u>6923</u> When was the debt incurred? <u>09/01/2009</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$0.00

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.65	<p><u>Velocity Investments, Llc</u> Nonpriority Creditor's Name <u>Attn: Bankruptcy Attn: Bankruptcy</u> <u>1800 Route 34N , Suite 305</u> Number Street <u>Wall, NJ 07719</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8085</u></p> <p>When was the debt incurred? <u>11/01/2022</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify FactoringCompanyAccount</p>	<u>\$930.00</u>
4.66	<p><u>Verve</u> Nonpriority Creditor's Name <u>PO Box Box 3220</u> Number Street <u>Buffalo, NY 14240</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8684</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>	<u>\$750.94</u>

Debtor 1

Natalia	Esther	Reese
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.67	WEX Bank/ Valero Fleet Nonpriority Creditor's Name P.O. Box 6293 Number Street Carol Stream, IL 60197-6293 City State ZIP Code	Last 4 digits of account number <u>5560</u>	<u>\$472.64</u>
Who incurred the debt? Check one.		When was the debt incurred? _____	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset?		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

I.C. System Inc

Name

P.O. BOX 64378

Number Street

Saint Paul, MN 55164-0378

City

State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.44 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7500

Name

Number Street

City

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1

Natalia First Name	Esther Middle Name	Reese Last Name
------------------------------	------------------------------	---------------------------

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. _____ \$0.00
	6b. Taxes and certain other debts you owe the government	6b. _____ \$4,811.55
	6c. Claims for death or personal injury while you were intoxicated	6c. _____ \$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + _____ \$0.00
	6e. Total. Add lines 6a through 6d.	6e. _____ \$4,811.55

		Total claim
Total claims from Part 2	6f. Student loans	6f. _____ \$0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. _____ \$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. _____ \$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + _____ \$171,004.17
	6j. Total. Add lines 6f through 6i.	6j. _____ \$171,004.17

Fill in this information to identify your case:

Debtor 1	Natalia	Esther	Reese
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<input type="text"/> Apartment Complex <input type="text"/> Name <input type="text"/> Number <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code	Apartment Lease (Complex not named due to privacy concerns) Contract to be ASSUMED
2.2	<input type="text"/> Name <input type="text"/> Number <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code	
2.3	<input type="text"/> Name <input type="text"/> Number <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code	
2.4	<input type="text"/> Name <input type="text"/> Number <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code	

Fill in this information to identify your case:

Debtor 1	Natalia	Esther	Reese
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No

Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.

Reese, Marcell L.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

3.1

Name

Number Street

City State ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	Natalia First Name	Esther Middle Name	Reese Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Texas		
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed
Occupation	Paralegal	
Employer's name	Lone Star Legal Aid	
Employer's address	412 W. Lewis St. Number Street	Number Street
	Conroe, TX 77301 City State Zip Code	City State Zip Code
How long employed there?	2 years 6 months	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	2. \$5,012.50	\$0.00
3. Estimate and list monthly overtime pay.	3. + \$0.00	+ \$0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$5,012.50	\$0.00

Debtor 1

Natalia	Esther	Reese
First Name	Middle Name	Last Name

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... →	4. <u>\$5,012.50</u>	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. <u>\$532.17</u>	\$0.00
5b. Mandatory contributions for retirement plans	5b. <u>\$0.00</u>	\$0.00
5c. Voluntary contributions for retirement plans	5c. <u>\$0.00</u>	\$0.00
5d. Required repayments of retirement fund loans	5d. <u>\$18.95</u>	\$0.00
5e. Insurance	5e. <u>\$604.72</u>	\$0.00
5f. Domestic support obligations	5f. <u>\$0.00</u>	\$0.00
5g. Union dues	5g. <u>\$0.00</u>	\$0.00
5h. Other deductions. Specify: <u>Additional Healthcare</u>	5h. + <u>\$19.97</u>	+ <u>\$0.00</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$1,175.82</u>	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. <u>\$3,836.68</u>	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm	8a. <u>\$0.00</u>	\$0.00
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. <u>\$0.00</u>	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. <u>\$500.00</u>	\$0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. <u>\$0.00</u>	\$0.00
8e. Social Security	8e. <u>\$0.00</u>	\$0.00
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____	8f. <u>\$0.00</u>	\$0.00
8g. Pension or retirement income	8g. <u>\$0.00</u>	\$0.00
8h. Other monthly income. Specify: _____	8h. + <u>\$0.00</u>	+ <u>\$0.00</u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$500.00</u>	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. <u>\$4,336.68</u>	+ <u>\$0.00</u> = <u>\$4,336.68</u>
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + <u>\$0.00</u>	\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies		
	12. <u>\$4,336.68</u>	\$4,336.68
	Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Natalia	Esther	Reese
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Texas		
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?** No. Go to line 2. Yes. **Does Debtor 2 live in a separate household?** No Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.**2. Do you have dependents?** No Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2**Dependent's age****Does dependent live with you?**

Child _____

13 _____

 No. Yes._____

_____ No. Yes._____

_____ No. Yes._____

_____ No. Yes.**3. Do your expenses include expenses of people other than yourself and your dependents?** No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. _____ \$1,585.00

If not included in line 4:

4a. Real estate taxes

4a. _____ \$0.00

4b. Property, homeowner's, or renter's insurance

4b. _____ \$25.00

4c. Home maintenance, repair, and upkeep expenses

4c. _____ \$0.00

4d. Homeowner's association or condominium dues

4d. _____ \$0.00

Debtor 1

Natalia	Esther	Reese
First Name	Middle Name	Last Name

Case number (if known) _____

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. _____ \$0.00
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. _____ \$150.00
6b.	Water, sewer, garbage collection	6b. _____ \$40.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. _____ \$350.00
6d.	Other. Specify: _____	6d. _____ \$0.00
7.	Food and housekeeping supplies	7. _____ \$450.00
8.	Childcare and children's education costs	8. _____ \$250.00
9.	Clothing, laundry, and dry cleaning	9. _____ \$100.00
10.	Personal care products and services	10. _____ \$100.00
11.	Medical and dental expenses	11. _____ \$100.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ \$200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____ \$100.00
14.	Charitable contributions and religious donations	14. _____ \$0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. _____ \$0.00
15b.	Health insurance	15b. _____ \$0.00
15c.	Vehicle insurance	15c. _____ \$137.00
15d.	Other insurance. Specify: _____	15d. _____ \$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. _____ \$0.00
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. _____ \$669.97
17b.	Car payments for Vehicle 2	17b. _____ \$0.00
17c.	Other. Specify: _____	17c. _____ \$0.00
17d.	Other. Specify: _____	17d. _____ \$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____ \$0.00
19.	Other payments you make to support others who do not live with you. Specify: _____	19. _____ \$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. _____ \$0.00
20b.	Real estate taxes	20b. _____ \$0.00
20c.	Property, homeowner's, or renter's insurance	20c. _____ \$0.00
20d.	Maintenance, repair, and upkeep expenses	20d. _____ \$0.00
20e.	Homeowner's association or condominium dues	20e. _____ \$0.00

Debtor 1

Natalia	Esther	Reese
First Name	Middle Name	Last Name

Case number (if known) _____

21. Other. Specify: _____	21. + _____ \$0.00
22. Calculate your monthly expenses.	
22a. Add lines 4 through 21.	22a. _____ \$4,256.97
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b. _____ \$0.00
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. _____ \$4,256.97
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from <i>Schedule I</i> .	23a. _____ \$4,336.68
23b. Copy your monthly expenses from line 22c above.	23b. - _____ \$4,256.97
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. _____ \$79.71
24. Do you expect an increase or decrease in your expenses within the year after you file this form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	None
<input type="checkbox"/> Yes.	

Fill in this information to identify your case:

Debtor 1	Natalia First Name	Esther Middle Name	Reese Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$0.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$178,432.66
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$178,432.66

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$53,138.33
---	-------------

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$4,811.55
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$171,004.17

Your total liabilities

\$228,954.05

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$4,336.68
---	------------

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$4,256.97
---	------------

Debtor 1

Natalia	Esther	Reese
First Name	Middle Name	Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$5,512.50

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$0.009b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$4,811.559c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.009d. Student loans. (Copy line 6f.) \$0.009e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.009f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$0.009g. **Total.** Add lines 9a through 9f. \$4,811.55

Fill in this information to identify your case:

Debtor 1	Natalia	Esther	Reese
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Natalia Esther Reese
Natalia Esther Reese, Debtor 1

Date 06/26/2023
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	Natalia First Name	Esther Middle Name	Reese Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Southern District of Texas	
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
15650 Walden Road Apt 1408 Number Street	From <u>06/2019</u> To <u>05/25/2022</u>	Number Street	From _____ To _____
Montgomery, TX 77356 City State ZIP Code	City	State ZIP Code	From _____ To _____
Number Street	From _____ To _____	Number Street	From _____ To _____
City State ZIP Code	City	State ZIP Code	From _____ To _____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1

Natalia

Esther

Reese

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$25,075.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For last calendar year: (January 1 to December 31, <u>2022</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$48,424.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, <u>2021</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$44,229.00 \$7,013.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. No Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:				
For last calendar year: (January 1 to December 31, <u>2022</u>) YYYY				
For the calendar year before that: (January 1 to December 31, <u>2021</u>) YYYY				

Debtor 1

Natalia

Esther

Reese

First Name

Middle Name

Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Elastic Line of Credit Creditor's Name	03/31/2023	\$1,667.00	\$1,383.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Line of Credit</u>
PO Box 950276 Number Street	04/17/2023			
Louisville, KY 40295 City State ZIP Code	05/01/2023 05/15/2023 06/01/2023 03/15/2023 06/01/2023			
Keating Honda Creditor's Name	06/09/2023	\$669.97	\$42,674.36	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
311 Interstate 45 South Number Street				
Conroe, TX 77301-3486 City State ZIP Code				

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Debtor 1

Natalia
First NameEsther
Middle NameReese
Last Name

Case number (if known) _____

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	_____	_____	_____	_____
Number Street	_____	_____	_____	_____
City _____ State _____ ZIP Code _____	_____	_____	_____	_____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name	_____	_____	_____	_____
Number Street	_____	_____	_____	_____
City _____ State _____ ZIP Code _____	_____	_____	_____	_____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title <u>Natalia Reese VS Marcell Reese</u>	Protective Orders	418th Judicial District Court Court Name 301 North Main Suite 217 Number Street Conroe, TX 77301 City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number <u>22-05-06717</u>			

Debtor 1

Natalia

Esther

Reese

First Name

Middle Name

Last Name

Case number (if known) _____

Case title

In the Matter of the
Marriage of Natalia E
Reese and Marcell
Lorenzo Reese and In
the Interest of Silas Leon
Reese

Case number 22-07-09809

Nature of the case	Court or agency	Status of the case
Divorce with Children	418th Judicial District Court Court Name 301 North Main Suite 217 Number Street Conroe, TX 77301 City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor's Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Describe the property	Date	Value of the property
Explain what happened		
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Creditor's Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Describe the action the creditor took	Date action was taken	Amount taken

Last 4 digits of account number: XXXX- _____

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Debtor 1

Natalia

Esther

Reese

First Name

Middle Name

Last Name

Case number (if known) _____

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

 No Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value of the gifts
Person to Whom You Gave the Gift			
Number Street			
City	State	ZIP Code	
Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

 No Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			
Number Street			
City	State	ZIP Code	

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

 No Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.			

Debtor 1

Natalia

Esther

Reese

First Name

Middle Name

Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
TRAN SINGH, LLP		Attorney's Fee; Due Diligence; Filing Fee; Attorney's Fee	03/27/2023	\$2,500.00
Person Who Was Paid			03/27/2023	\$100.00
2502 La Branch St.			03/27/2023	\$338.00
Number Street			04/17/2023	\$3,000.00
Houston, TX 77004				
City State ZIP Code				
Email or website address				
Person Who Made the Payment, if Not You				
<u>DebtorCC</u>				
Person Who Was Paid		Credit Counseling Course	03/24/2023	\$19.95
Number Street				
City State ZIP Code				
https://debtorc.org/				
Email or website address				
Person Who Made the Payment, if Not You				

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.

		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				
Number Street				
City State ZIP Code				

Debtor 1

Natalia

Esther

Reese

First Name

Middle Name

Last Name

Case number (if known) _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

 No Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
<u>Keating Honda</u> <u>Person Who Received Transfer</u> <u>311 Interstate 45 South</u> <u>Number Street</u> <u>Conroe, TX 77301-3486</u> <u>City</u> <u>State</u> <u>ZIP Code</u>	2013 Land Rover Ranger (Trade-In value-\$11,000.00)	2023 Honda CR-V 05/10/2023

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
<u>Name of trust</u>	

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

 No Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<u>JPMorgan Chase Bank, N.A.</u> <u>Name of Financial Institution</u>	<u>XXXX-2170</u>	<input checked="" type="checkbox"/> Checking	<u>05/26/2022</u> <u>\$49.12</u>
<u>P.O. Box 47020</u> <u>Number Street</u>	<input type="checkbox"/> Savings		
<u>Atlanta, GA 30362-7020</u> <u>City</u> <u>State</u> <u>ZIP Code</u>	<input type="checkbox"/> Money market		
	<input type="checkbox"/> Brokerage		
	<input type="checkbox"/> Other _____		

Debtor 1	Natalia	Esther	Reese	Case number (if known)			
	First Name	Middle Name	Last Name				
				Last 4 digits of account number			
				Type of account or instrument			
				Date account was closed, sold, moved, or transferred			
				Last balance before closing or transfer			
<u>Navy Federal Credit Union</u> Name of Financial Institution				XXXX- <u>1</u> <u>1</u> <u>8</u> <u>9</u>	<input type="checkbox"/> Checking	<u>05/26/2022</u>	\$5.00
<u>P.O. Box 3000</u> Number Street					<input checked="" type="checkbox"/> Savings		
					<input type="checkbox"/> Money market		
					<input type="checkbox"/> Brokerage		
					<input type="checkbox"/> Other _____		
<u>Merrifield, VA 22119</u> City State ZIP Code							
<u>Navy Federal Credit Union</u> Name of Financial Institution				XXXX- <u>6</u> <u>5</u> <u>4</u> <u>7</u>	<input checked="" type="checkbox"/> Checking	<u>05/26/2022</u>	\$211.04
<u>P.O. Box 3000</u> Number Street					<input type="checkbox"/> Savings		
					<input type="checkbox"/> Money market		
					<input type="checkbox"/> Brokerage		
					<input type="checkbox"/> Other _____		
<u>Merrifield, VA 22119</u> City State ZIP Code							
<u>Navy Federal Credit Union</u> Name of Financial Institution				XXXX- <u>9</u> <u>4</u> <u>5</u> <u>7</u>	<input checked="" type="checkbox"/> Checking	<u>05/26/2022</u>	\$1,370.01
<u>P.O. Box 3000</u> Number Street					<input type="checkbox"/> Savings		
					<input type="checkbox"/> Money market		
					<input type="checkbox"/> Brokerage		
					<input type="checkbox"/> Other _____		
<u>Merrifield, VA 22119</u> City State ZIP Code							
<u>First Tech Federal Credit Union</u> Name of Financial Institution				XXXX- <u>8</u> <u>4</u> <u>1</u> <u>9</u>	<input checked="" type="checkbox"/> Checking	<u>03/01/2023</u>	\$0.00
<u>P.O. Box 2100</u> Number Street					<input type="checkbox"/> Savings		
					<input type="checkbox"/> Money market		
					<input type="checkbox"/> Brokerage		
					<input type="checkbox"/> Other _____		
<u>Beaverton, OR 97075-2100</u> City State ZIP Code							
<u>First Tech Federal Credit Union</u> Name of Financial Institution				XXXX- <u>1</u> <u>7</u> <u>2</u> <u>9</u>	<input type="checkbox"/> Checking	<u>03/01/2023</u>	\$24.36
<u>P.O. Box 2100</u> Number Street					<input checked="" type="checkbox"/> Savings		
					<input type="checkbox"/> Money market		
					<input type="checkbox"/> Brokerage		
					<input type="checkbox"/> Other _____		
<u>Beaverton, OR 97075-2100</u> City State ZIP Code							

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Who else had access to it?			Describe the contents	Do you still have it?
Name of Financial Institution			Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number	Street	Number	Street	
		City	State	ZIP Code
City		State	ZIP Code	

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details.

Who else has or had access to it?			Describe the contents	Do you still have it?
Name of Storage Facility			Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number	Street	Number	Street	
		City	State	ZIP Code
City		State	ZIP Code	

Part 9: Identify Property You Hold or Control for Someone Else**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.** No Yes. Fill in the details.

Where is the property?			Describe the property	Value	
Owner's Name			Number	Street	<hr/>
Number	Street				
		City	State	ZIP Code	
City		State	ZIP Code		

Debtor 1

Natalia

Esther

Reese

First Name

Middle Name

Last Name

Case number (if known) _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

 No Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site		Governmental unit	
Number	Street	Number	Street
		City	State ZIP Code
City		State	ZIP Code

25. Have you notified any governmental unit of any release of hazardous material?

 No Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site		Governmental unit	
Number	Street	Number	Street
		City	State ZIP Code
City		State	ZIP Code

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No Yes. Fill in the details.

Debtor 1

Natalia Esther Reese

First Name Middle Name

Last Name

Case number (if known) _____

Court or agency		Nature of the case	Status of the case
Case title _____	Court Name _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded	
Number _____	Street _____		
Case number _____	City _____	State _____	ZIP Code _____

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

A member of a limited liability company (LLC) or limited liability partnership (LLP)

A partner in a partnership

An officer, director, or managing executive of a corporation

An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Dark Fenix Enterprises Inc Name _____ 21 Waterway Ave Number Street _____ The Woodlands, TX 77380 City State ZIP Code _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		EIN: 8 5 - 3 7 5 9 7 9 0
Reese Property Paladin, LLC Name _____ 21 Waterway Avenue Number Street _____ The Woodlands, TX 77380 City State ZIP Code _____	Name of accountant or bookkeeper	Dates business existed
		From 09/2020 To _____
	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		EIN: 8 4 - 1 9 3 5 2 0 2
	Name of accountant or bookkeeper	Dates business existed
		From 5/2019 To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Debtor 1	Natalia First Name	Esther Middle Name	Reese Last Name	Case number (if known) _____
Date issued				
Name _____		MM / DD / YYYY		
Number Street _____				
City _____		State _____	ZIP Code _____	

Part 12: Sign Below

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Natalia Esther Reese

Signature of Natalia Esther Reese, Debtor 1

Date 06/26/2023

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)	<u></u>		

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral		What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name:	<u>Navy FCU</u>	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:	<u>2003 Chevrolet Trailblazer</u>		
Creditor's name:	<u>Navy FCU</u>	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:	<u>2003 Chevrolet Trailblazer</u>		

Debtor 1

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Case number (if known) _____

Additional Page for Part 1

Creditor's name:	Navy FCU	<input checked="" type="checkbox"/> Surrender the property.	<input checked="" type="checkbox"/> No
Description of property securing debt:	2003 Chevrolet Trailblazer	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
		<input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
		<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name:	Keating Honda	<input type="checkbox"/> Surrender the property.	<input checked="" type="checkbox"/> No
Description of property securing debt:	2023 Honda CR-V	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
		<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
		<input type="checkbox"/> Retain the property and [explain]:	

Debtor 1

Natalia	Esther	Reese
First Name	Middle Name	Last Name

Case number (*if known*) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Natalia Esther Reese
Signature of Debtor 1

Date 06/26/2023
MM/ DD/ YYYY

United States Bankruptcy Court
Southern District of Texas

In re Reese, Natalia Esther

Case No. _____

Debtor Chapter _____ 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$5,500.00
Prior to the filing of this statement I have received	\$5,500.00
Balance Due	\$0.00

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

- A. Representation of the Debtor in any state law matter
- B. Representation of the Debtor in reaffirmation agreements
- C. Research or location and determination of debts, judgments or liens against the Client or his/her property
- D. Representation in any adversary hearing or response filed thereto, including but not limited to, motion to lift the automatic stay, motions to dismiss the bankruptcy, motions to modify, motions to convert the bankruptcy from one chapter to another (except those items specifically listed in Section A titled "Services to be Provided")
- E. Representation in any contested matter, the subject of which is extraordinary in the context of chapter 7 cases in the United States Bankruptcy Court for the Southern District of Texas
- F. Representation in any matter in which the Court orders fee shifting pursuant to which fees are to be paid by a person other than the Debtor.
- G. Except as specifically delineated in Section A titled "Services to be Provided," representation on matters for which the first hearing is set more than 120 days following confirmation.
- H. Post-petition complaints or hearing of any adversarial nature
- I. Any phone calls, letters, legal research, work correspondence, or any other legal services required to amend or revise the bankruptcy petition or schedules (except those services listed under a fixed fee agreement)
- J. All hearings, depositions, or creditors' meetings (other than the first creditor's meeting and those items included in the fixed fee arrangement)
- K. Removal of liens. Liens may remain after discharge to both personal and real property. A court filing, motion and hearing may be required in both bankruptcy court and state court. Client is hereby advised that the fixed fee arrangement does not cover the cost of removing any personal or real property liens which are not automatically removed by the discharge. Liens attach to both personal and real property and a bankruptcy filing does not automatically remove liens. Liens generally remain on the property even though a bankruptcy has been filed. A separate action and filing is generally required to remove any personal or real property liens that may exist and must be filed with the bankruptcy court and done prior to a discharge; there will be a separate charge and cost if client desires this work. Client is advised that a separate application and procedure and hearing may be required to remove any abstract of judgment liens which may be filed against the Client notwithstanding the bankruptcy court discharge order that the Client may receive. The Client may need to retain this attorney or another attorney after the bankruptcy is completed in order to remove abstract of judgment liens.
- L. Any post-bankruptcy petition or discharge matters including but not limited to objections to discharge, filing applications to remove judgment liens on property.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/26/2023

Date

/s/ Susan Tran Adams

Susan Tran Adams

Signature of Attorney

Bar Number: 24075648

TRAN SINGH, LLP

2502 La Branch St.

Houston, TX 77004

Phone: (832) 975-7300

TRAN SINGH, LLP

Name of law firm

Fill in this information to identify your case:

Debtor 1	Natalia First Name	Esther Middle Name	Reese Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Texas		
Case number (if known)			

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A-1**Chapter 7 Statement of Your Current Monthly Income**

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income**1. What is your marital and filing status? Check one only.**

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

- Living in the same household and are not legally separated.** Fill out both Column A and B, lines 2-11.
- Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$5,012.50	
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$500.00	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00	
5. Net income from operating a business, profession, or farm	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$0.00	
Ordinary and necessary operating expenses	-\$0.00	
Net monthly income from a business, profession, or farm	\$0.00	\$0.00
	Copy here	
6. Net income from rental and other real property	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$0.00	
Ordinary and necessary operating expenses	-\$0.00	
Net monthly income from rental or other real property	\$0.00	\$0.00
	Copy here	
7. Interest, dividends, and royalties	\$0.00	

Natalia	Esther	Reese
First Name	Middle Name	Last Name

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	--

\$0.00

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: ↓
 For you..... \$0.00
 For your spouse.....

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

+ _____

+ _____

\$5,512.50

+ _____

= \$5,512.50

Total current
monthly income

Total amounts from separate pages, if any.

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....

Copy line 11 here → \$5,512.50

Multiply by 12 (the number of months in a year).

X 12

12b. The result is your annual income for this part of the form.

12b. \$66,150.00

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Texas

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household.....

13. \$77,611.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
 Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
 Go to Part 3 and fill out Form 122A-2.

<u>Natalia</u>	<u>Esther</u>	<u>Reese</u>
First Name	Middle Name	Last Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Natalia Esther Reese

Signature of Debtor 1

Date 06/26/2023
MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE: **Reese, Natalia Esther**

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 06/26/2023

Signature /s/ Natalia Esther Reese
Natalia Esther Reese, Debtor

AcceptanceNOW
Attn: Bankruptcy 5501 Headquarters
Drive
Plano, TX 75024

Advance Auto Parts
c/o AAP Financial Services
P.O. Box 742063
Atlanta, GA 30374-2063

Advia Credit Union
Attn: Bankruptcy 550 South Riverview Dr
Parchmen, MI 49004

Amazon
P.O. Box 965055
Orlando, FL 32896-5055

Apartment Complex

Austin Capital Bank
Attn: Bankruptcy Dept
8100 Shoal Creek Blvd Ste 100
Austin, TX 78757

Avery Gilmer
64 E Broadway Rd Ste 200
Tempe, AZ 85282

Bank of America
4909 Savarese Circle FL1-908-01-50
Tampa, FL 33634

Barclays Bank Delaware
PO Box 8802
Wilmington, DE 19899

BBVA
Attn: Bankruptcy
PO Box 10566
Birmingham, AL 35296

Best Buy
PO Box 25993
Overland Park, KS 66225-9700

Boompay
14241 Ne Woodinville-duvall Rd
Woodinville, WA 98072

Bridge Lending Solutions
PO Box 481
Lac Du Flambeau, WI 54538

Capital One
Attn: Bankruptcy
PO Box 30285
Salt Lake City, UT 84130-0285

Capital One NA
Attn: Bankruptcy
PO Box 30285
Salt Lake City, UT 84130-0287

Citibank
Citicorp Credit Srvs/Centralized Bk dept
PO Box 790034
St Louis, MO 63179

Citibank Sears
Citicorp Cr Svcs/Centralized Bankruptcy
PO Box 790040
St Louis, MO 63179-0040

Citibank/Best Buy
Citicorp Credit Svcs/Centralized Bk dept
PO Box 790034
St Louis, MO 63179

City Ambulance Service
Po Box 691067
Houston, TX 77269-1067

Conn's HomePlus
2445 Technology Forest Boulevard
Building 4, Suite 800
The Woodlands, TX 77381

Consumer Credit Union
Attn: Bankruptcy
PO Box 525
Oshtemo, MI 49077-0525

Continental Finance Co
Attn: Bankruptcy Attn: Bankruptcy
4550 Linden Hill Rd , Ste 4
Wilmington, DE 19808-2952

Credit One Bank
Attn: Bankruptcy Department
PO Box 98873
Las Vegas, NV 89193

CreditFresh
Attn: Bankruptcy Dept 200 Continental
Drive Suite 401
Newark, DE 19713

Discover Financial
Attn: Bankruptcy
PO Box 3025
New Albany, OH 43054

Elastic Line of Credit
PO Box 950276
Louisville, KY 40295

Family Diagnostic Clinic
27721 Tomball Pkwy Ste 200
Tomball, TX 77375-6579

First Premier Bank
Attn: Bankruptcy
PO Box 5524
Sioux Falls, SD 57117-5524

FLEX FINANCE
Attn: Bankruptcy 246 5th Avenue 4th Fl
New York, NY 10001

Genesis FS Card Services
Attn: Bankruptcy
PO Box 4477
Beaverton, OR 97076-4477

Home Depot Credit Services
P.O. Box 790345
Saint Louis, MO 63179

I.C. System Inc
P.O. BOX 64378
Saint Paul, MN 55164-0378

Internal Revenue Service
Po Box 7317
Philadelphia, PA 19101-7317

Jackson Cu

KALSEE Credit Union
PO Box 3006
Kalamazoo, MI 49003

Keating Honda
311 Interstate 45 South
Conroe, TX 77301-3486

Kohls/Capital One
Attn: Credit Administrator
PO Box 3043
Milwaukee, WI 53201-3043

Macys/fdsb
Attn: Bankruptcy 9111 Duke Boulevard
Mason, OH 45040

Memorial Hermann
PO Box Box 735208
Dallas, TX 75373-5208

Memorial Hermann
909 Frostwood Dr. Ste 3:100
Houston, TX 77024

Navy FCU
Attn: Bankruptcy
PO Box 3000
Merrifield, VA 22119-3000

Office Depot
PO Box 6403
Sioux Falls, SD 57117-6403

Opploans/feb
Attn: Bankruptcy Dept 130 East Randolph
Street Suite 3400
Chicago, IL 60601

RK Properties
Attn: Bankruptcy 3737 East Broadway
Long Beach, CA 90803

Sam's Club/Synchrony Bank
P.O. Box 530981
Atlanta, GA 30353-0981

Security Finance
Attn: Bankruptcy
PO Box 1893
Spartanburg, SC 29304

Serena Group Professional
Services
PO Box 761
Carnegie, PA 15106-0791

Syncb/Toys R Us
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896-5060

Synchrony Bank/Care Credit
Attn: Bankruptcy Dept
PO Box 965064
Orlando, FL 32896-5060

Synchrony Bank/Sams
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896-5060

Telecom Self-reported
Po Box 4500
Allen, TX 75013

The Bowen Law Firm, PLLC
13103 FM 1960 West Suite216
Houston, TX 77065

Tractor Supply Co
PO Box 790439
Saint Louis, MO 63179

US Bank/RMS
Attn: Bankruptcy
PO Box 5229
Cincinnati, OH 45201-5229

Velocity Investments, LLC
Attn: Bankruptcy Attn: Bankruptcy
1800 Route 34N , Suite 305
Wall, NJ 07719

Verve
PO Box Box 3220
Buffalo, NY 14240

WEX Bank/ Valero Fleet
P.O. Box 6293
Carol Stream, IL 60197-6293